

# Students To Successful Citizens

Alachua County System of Care

# Problem

- Too many youth are entering and/or remaining in the criminal justice system as a result of acts committed on school property and in the community.
- Schools do not have the resources to comprehensively address the needs of at-risk youth and their families.
- Schools are the one system that constantly address issues youth are bringing from home to the school on a daily basis.

# Mission Statement

Establishing an effective system of care that ensures Alachua County youth and their families receive resources necessary to be safe, healthy, educated, and work ready.

# System of Care Goals

- ❑ Assess and treat at-risk students according to their needs
- ❑ Train school personnel
- ❑ Improve classroom behavior /reduce suspensions
- ❑ Increase academic achievement and overall graduation rates
- ❑ Increase employment of *positive student engagement strategies* by School Resource Police/Deputies
- ❑ Decrease Juvenile Arrests

# ALACHUA COUNTY SCHOOL JUSTICE COLLABORATIVE

## Target Schools:

- Rawlings Elementary
- Metcalfe Elementary
- Lake Forest Elementary
- Idylwild Elementary
- Lincoln Middle
- Westwood Middle
- Howard Bishop Middle

## Key Players:

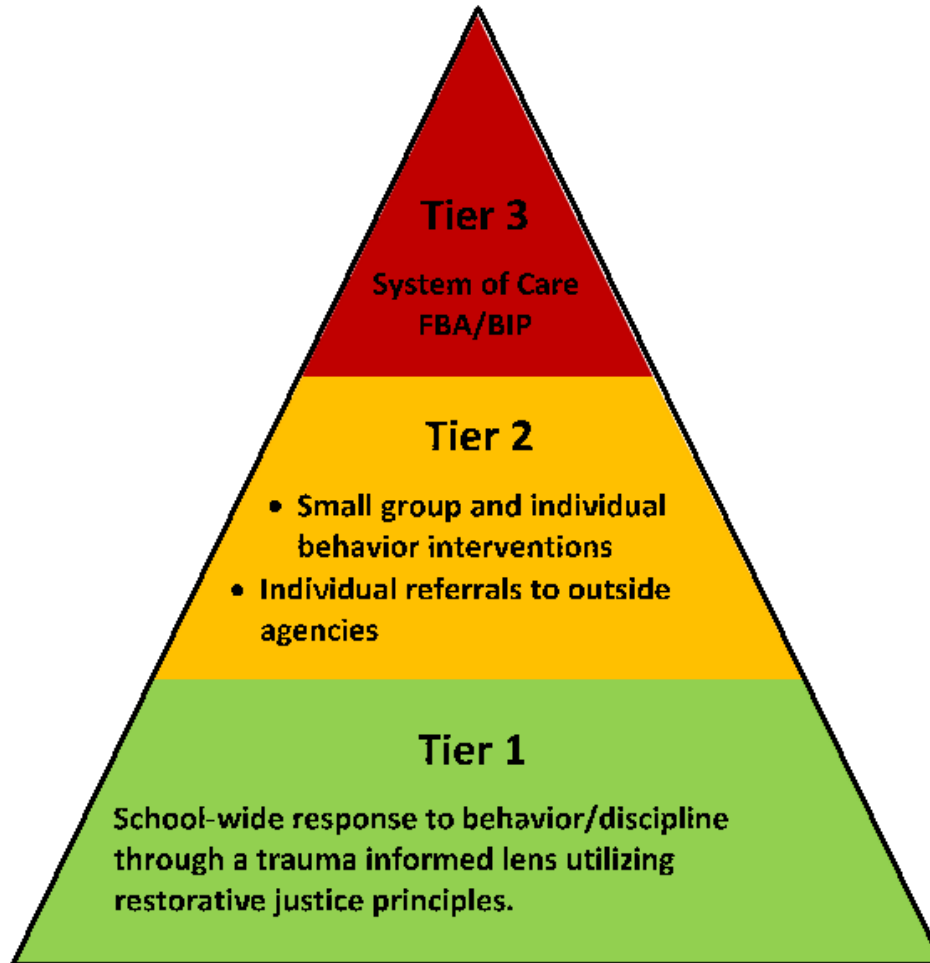
- Community: Child and Parent/Guardian
- School staff from selected pilot Schools
- System of Care team (backbone agency)
- Social & Health Services

# Community Services include some of the following:

- Individual Therapy
- Family Therapy
- Group Therapy
- Cognitive Behavioral Therapy
- Tutoring
- Group Mentoring
- Restorative Practices
- Basic Needs
- Parenting Classes
- Life/Social Skills
- Cultural Awareness
- Transportation
- Mentoring
- Job Readiness and Workforce Development Training
- Childcare

# System of Care Process

Multi-tiered Levels of Support Services  
System of Care



# Tier 1

**Utilizing a school-wide response to behavior and discipline through a trauma informed lens utilizing restorative justice principals.**

- Trauma Sensitive Schools Training
- Restorative Justice Training  
(River Phoenix Center for Peace Building)
- PBIS and other initiatives



# Tier 2

**Behavioral and social emotional interventions designed to support students in changing their behaviors.**

- Targeted behavioral interventions to decrease undesired behaviors (point sheets/reward systems, small group SEL instruction)
- Referrals to outside agencies as needed

# Tier 3

**Specialized interventions to address individual student needs.**

- Individual school based counseling
- Functional Behavioral Assessments/Behavior Intervention Plans
- System of Care – referrals with close follow up, monitoring and support based on a staffing plan

# System of Care – How it works

- Participating schools/student services use specific criteria to identify eligible students for the System of Care.
- Once the eligible students are identified, the school then obtains consent from the parent/guardian and completes required paperwork.
- The school refers the student to the System of Care (SOC).
- A staffing is held where parents, school staff, SOC staff, Service providers discuss the child's specific needs so that a Staffing Action Plan (SAP) can be developed.
- Providers provide child/family the needed services and provide SOC staff monthly updates/summaries or as often as needed.
- The child is either exited from the SOC if exit criteria is met, or a second staffing is held to reassess the SAP.

# Step 1

## System of Care Point of Entry – 2 or more Criteria

- 10 or more unexcused absences within 1 semester
- 5 or more behavioral referrals
  - Aggressive, violent, disruptive, defiant, theft, vandalism, reckless disregard for self/others, etc.
- History of Criminal Justice System contact/Civil Citation
- Trauma – current or history
  - Physical, emotional, and sexual abuse, emotional and physical neglect, loss of parent (separation, divorce, illness, death), incarcerated parent, parent with mental health or substance abuse issue, domestic violence, etc.
- Involvement in bullying
- OR at the discretion of the administrator

# Risk Factors for Juvenile Justice Involvement

## Individual

- Antisocial Behavior Incidents
  - Aggression/Violence
  - Disruption
  - Defiance/Noncompliance
  - Theft/Vandalism
  - Reckless disregard for self/others
- Antisocial attitudes, beliefs
- Poor Cognitive Development
- Hyperactivity
- Substance Abuse
- History of Trauma

## Peer Group

- Poor social ties
- Peer rejection/Bullying
- Association with deviant peers
- Gang involvement

## Family

- Divorce/Broken Home
- Separation from parents
- Parental antisocial history
- Teenage parenthood
- Low socioeconomic status
- Abuse/Neglect
- Parenting/Discipline (too harsh or lax)
- Family Violence

## School / Community

- Poor academics
- Low educational aspirations
- High Crime/Disadvantaged neighborhoods
- Poor attitude/motivation
- Low bond to school/truancy

Adapted from US Department of Justice and [findyouthinfo.gov](http://findyouthinfo.gov)

\*In looking at behavior referrals we should be considering types of incidents not just number of incidents.

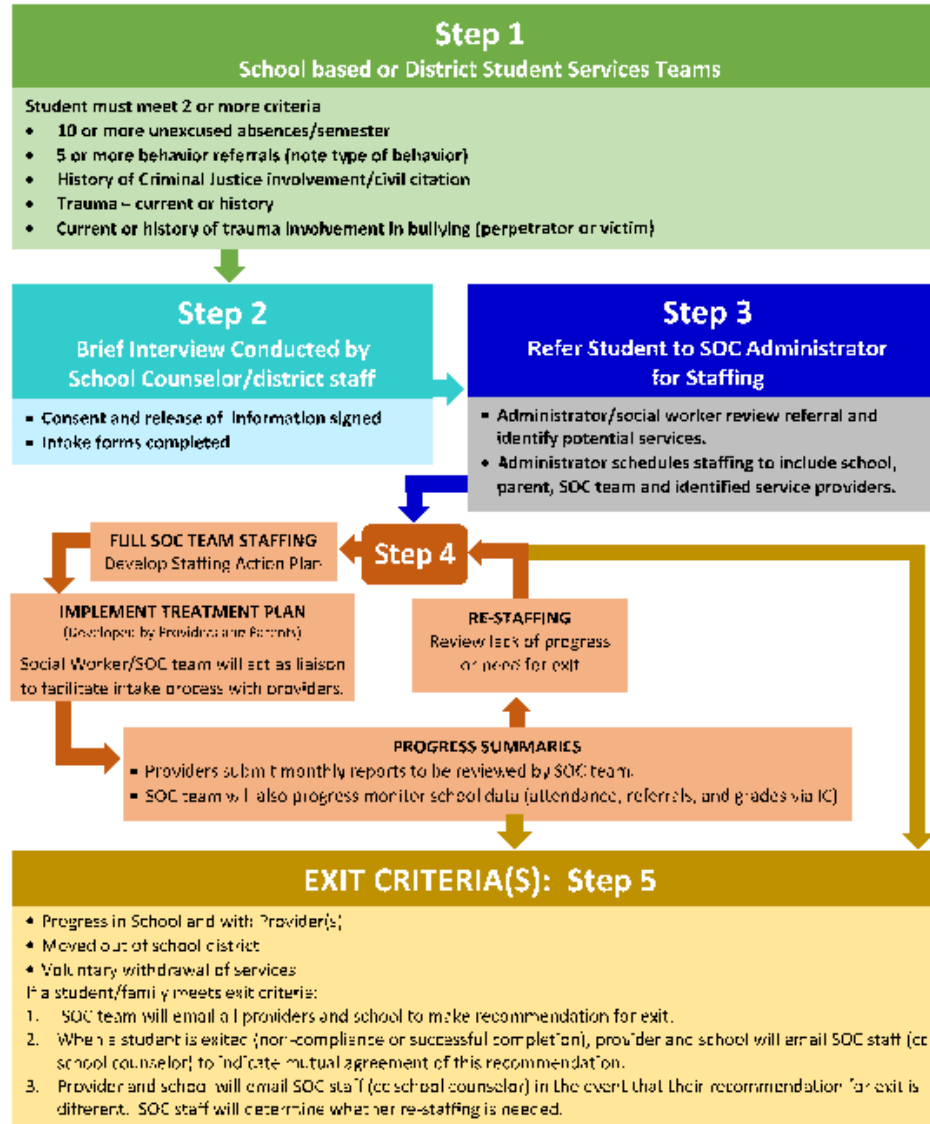
# Step 2

## Obtaining Parental Consent

- Phone call or direct contact to invite parent/guardian to participate
- Mail/send home with student a brochure and welcome letter
- Meet with parent/guardian to complete a needs assessment/intake form
- Complete consent form and release of information with parent

# System of Care Process

NOTE: During the entire SOC process, all school level interventions and plans (i.e., EPT, 504 and IEP) will continue according to Alachua County Public School Policies and Procedures.



# Forms



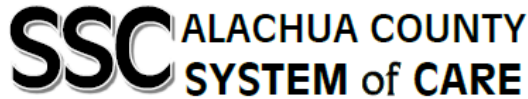
Please check each item to verify its inclusion with your recommendation



- Referral form
- Parent Consent
- Release of Info
- Parent Intake form
- **Attach a copy of (all that apply)**
- IPE
- 504
- EPT
  - EPT Notes
  - Academic Intervention(s)
  - Behavior Intervention(s)
- Previous Psychological Testing
- Attendance History
- Behavior History
  - BIP







Students to Successful Citizens

# Intake Form

Student Name \_\_\_\_\_ School \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is it OK to mail information to your house?  Yes  No  
Which is the best way to reach you \_\_\_\_\_

The System of Care is committed to serving children and families. This form is designed so that we can try our best to connect you with any services that you and your family may need. If there are any other services that are not listed below, please feel free to either write them in or speak with your school counselor. These needs will be considered at the upcoming staffing.

- Individual Counseling  
If checked, please specify primary concern: \_\_\_\_\_
- Family Counseling  
If checked, please specify: \_\_\_\_\_
- Tutoring services for your child  
If checked, please specify: \_\_\_\_\_
- Domestic Violence programs  
If checked, please specify: \_\_\_\_\_
- Education services for parent/guardian  
If checked, please specify: \_\_\_\_\_
- Parenting support  
If checked, please specify: \_\_\_\_\_
- Food/clothing/basic needs  
If checked, please specify: \_\_\_\_\_

- Transportation
- Health
  - Medical
  - Dental
  - Insurance
- Mentoring  
If checked, please specify: \_\_\_\_\_

Job Readiness and Work Training  
If checked, please specify: \_\_\_\_\_

The following questions are asked for the sole purpose of connecting you with the most appropriate resources available to your family. Some services are limited to students with or without DJJ or DCF involvement.

- Does your child qualify for Medicaid?  Yes  No
- If so what type? \_\_\_\_\_
- Does your child have other insurance?  Yes  No
- If so what type? \_\_\_\_\_
- Does your child have current or past history with DJJ?  Yes  No
- Does your child have current or past history with DCF?  Yes  No
- Has your child received counseling or other services for social/emotional or behavioral issues?  Yes  No If "Yes" with whom? \_\_\_\_\_
- Does your child have siblings who may also benefit from services?  
Name \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ School \_\_\_\_\_

Thank you for taking time to let us know about yourself and your family. With your help, we will do our best to identify resources in our community to serve your family.

If you have further questions or concerns please feel free to call your school counselor or Veita Jackson-Carter at the System of Care at (352) 955-7671 Ext. 1631

# Step 3

## Referral Process (Cont'd)

- All forms to include: Referral form, Parent Consent, Intake form, Release of Information, sent to Veita Jackson-Carter, Manning.
- A staffing will be scheduled where a Staffing Action Plan (SAP) will be created. Services will be identified to assist the child/family.
- Parent/guardian/representative of child must be present at the staffing. School student services team should also be represented.
- Copies of student's attendance, discipline, and grade history will be reviewed.

# Step 4

## Implementation of SAP

- Providers will be contacted to refer for services and schedule intake appointments.
- Providers will report any significant issues as they occur.
- Providers will submit monthly progress summaries/feedback.
- School data will be reviewed and schools will provide feedback as to student progress.
- A letter will be sent to parent/guardian to provide positive feedback on their participation in the SOC.
- Progress, lack of progress or need to exit SOC will be reviewed regularly. Lack of progress will facilitate the need for a second staffing (Step 3).

### School Monthly Report Form

A critical piece of the System of Care is regular communication between the schools and service providers. We ask that you complete this form to provide us feedback as to how the services are progressing. We will request this information monthly. Please fax the completed form to Veita Jackson-Carter 955-7129.

School: \_\_\_\_\_ Date \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_

Referred for \_\_\_\_\_

**Data Review:**

- Attendance:     improved     stayed the same     worsened  
Total days absent \_\_\_\_\_ Total Unexcused \_\_\_\_\_ Total Tardies \_\_\_\_\_
- Behavior:     improved     stayed the same     worsened  
# of referrals \_\_\_\_\_ # of suspensions \_\_\_\_\_ Primary behavior \_\_\_\_\_
- Academics:     improved     stayed the same     worsened  
Current grades: Reading \_\_\_\_\_ Math \_\_\_\_\_

Current primary concern: (Please include any information the community service providers should be aware of ( i.e. bullying, learning concerns, behavioral or social emotional concerns, family concerns etc.)

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**Successes:**

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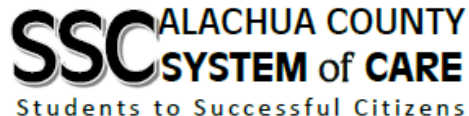
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**Plan of the continuation of services:**

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School Staff Name and Title: \_\_\_\_\_ Signature: \_\_\_\_\_



### Community Provider Monthly Report Form

Thank you for serving an Alachua County Schools student through the System of Care. A critical piece of the System of Care is regular communication between the schools and service providers. We ask that you complete this form to provide us feedback as to how the services are progressing. We will request this information monthly. Please fax the completed form to Veita Jackson-Carter at (352) 955-7129 Ext. 1631. If you do not have a copy of the release of information on file you may request one by emailing Valencia Benjamin at benjamvi@gm.sbac.edu.

Agency: \_\_\_\_\_ Date \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_

Referred for \_\_\_\_\_

- Student/parent has not scheduled an appointment
- Student/parent has scheduled an appointment on \_\_\_\_\_ (date)
- Student/parent has scheduled an appointment but did not attend appointment
- Student/parent has attended appointments and received services
  - o Number of appointments attended \_\_\_\_\_

Primary presenting concern: (Please include any information the school should be aware of – ie. bullying, learning concerns expressed, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Successes:

\_\_\_\_\_  
\_\_\_\_\_

Plan of the continuation of services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Name: \_\_\_\_\_ Signature: \_\_\_\_\_

# Progress Monitoring Program

- Student Summary
- Attendance
- Behavior
- Grades
- Provider Services
- Family Engagement

## **DASHBOARD**

- Custom Reports
  - Individual
  - School
  - Program

# Exit Criteria

- Progress is made in school and with providers
- Voluntary discontinuation of services
- The student moved out of school district
  
- ❖ If no mutual agreement, SOC staff will determine if re-staffing should take place.
- ❖ Parent/guardian will receive a follow-up letter after exiting SOC to express appreciation for participation and the ongoing availability of community services.

# Future Focus

- List of services available  
(free / Medicaid / Insurance)
- Transportation to services
- UF/SFC school counseling and social work involvement
- MOU